MAINE DEPARTMENT OF LABOR BUREAU OF UNEMPLOYMENT COMPENSATION (division.uctax@state.me.us)

AMENDED REPORT- FORM C1A-ME

EMPLOYER'S AMENDMENTS TO UNEMPLOYMENT INSURANCE CONTRIBUTIONS AND/OR WAGE DETAIL REPORT

MPLOYER NAME:		Perio	od Covered:	_//	_//	
Contribution Rate %	Period Covered:///// Unemployment Insurance Contributions (Lines 1 - 6 must be completed for each column) A. Amount Last Reported B. Correct Amount C. Difference					
1. Total Wages for Quarte	er					
2. Excess Wages						
3. Taxable Wages						
4. Contributions						
5. Overpayment - Refund	d Will be Issued					
6. Underpayment - Pleas	se Remit Payment with Return					
Explanation of Adjustments R	equired:					
	8. INDIVIDUAL EMP	PLOYEE WAGE CO	RRECTIONS			
Employee's Social Security No.	Name of Employee	Originally Reported Wages Nonseasonal Seasonal		Correct Wages Nonseasonal Seasonal		
		Nonseasonal	Seasonai	Nonseasonal	Seasonai	
ertify that the information con rrect.	tained on this return, report and attachn	nent(s) is true and	Mail to: MAINI BURE P.O. E	Payable to Treasurer, S E DEPARTMENT OF LAI AU OF UNEMPLOYMEN BOX 259	BOR	
-			ALICI	JSTA, ME 04332-259		

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, CONTACT YOUR LOCAL FIELD ADVISOR AND EXAMINER OR CALL THE WAGE RECORD UNIT AT 207-287-1231. TTY (HEARING IMPAIRED ONLY) 1-800-794-1110

INSTRUCTIONS FOR AMENDED REPORT

Purpose of Form. Use this form to correct an error or make changes to the Unemployment Insurance Contributions portion of Form 941/C1-ME filed previously. Please do not make changes using a current Form 941/C1-ME. You may use this form to Amend any UC report filed in prior quarters. Please prepare a separate Form C1A-ME for each period for which an error or correction is needed.

UC EMPLOYER NUMBER. Enter your employer identification number issued by the Maine Department of Labor.

EMPLOYER NAME. Enter the name of the employer amending the report.

PERIOD COVERED. Enter the beginning and ending dates for the quarter to be amended by this report.

Lines 1, 2 and 3. In Column A, enter the (1) total, (2) excess and (3) taxable wages previously reported for the period covered by the amended report.

In Column B, enter the correct amount of (1) total, (2) excess and (3) taxable wages.

In Column C, enter the difference between the amounts in Column A and Column B.

Line 4. In Column A, enter the amount of Unemployment Insurance Contributions previously reported for the period covered by the amended report.

In Column B, enter the correct amount of Unemployment Insurance.

In Column C, enter the difference between the amounts in Column A and Column B.

Line 5. Overpayment of Contributions. If the difference in Column C, line 4 is an overpayment, enter the amount on line 5.

Line 6. Underpayment of Contributions. If the difference in Column C, line 4 is an underpayment, enter the amount on line 6.

Line 7. Explanation of Adjustments. Use this space to enter an explanation of the error you are correcting.

Line 8. Individual Employee Wage Corrections. Enter data ONLY for those employees whose wages are being adjusted.

If you have any questions regarding this form, contact your local field advisor and examiner, call the wage record unit at (207) 287-1231 or e-mail division.uctax@state.me.us. TTY (hearing impaired only) 1 (800) 794-1110.